Primary Care Network

New Patient Priority Referral form for unattached patients- Fax to 778-698-4569

- Use this form ONLY to flag patients in your care that need high priority attachment to a primary care provider.
- This form does NOT guarantee attachment.
- Patients on Health connect Registry will not be provided care until a practitioner becomes available.
- Forms without consent provided cannot be processed.

Patient Name Contact Information (or Label)

Name:____________________________________ **Date of Birth:**______________________________
PHN:____________________________________ **HCR ID#:**______________________________
Phone #:__________________________________ **Email:**________________________________
Address:____

Referrer's Name/Occupation:____
Referrer's Contact Information:____

Main reason that patient requires urgent attachment to a provider

(List specific reason for referral below)

Check all known factors

Medical Complexity (M)	Mental Health Substance Use (S)	Psychosocial (P)	Peds	Resource Utilization/Other
☐ CHF/COPD/DM/HTN ☐ Chronic Pain ☐ Chronic Wound ☐ Chronic Opioid or Benzodiazepine ☐ Active Cancer ☐ Non- Malignancy Progressive Condition ☐ Frail Elderly ☐ Palliative Care/End of Life - Less 6months ☐ Other (specify)	☐ Chronic Mood Disorder ☐ Chronic Anxiety Disorder ☐ Personality Disorder ☐ Psychotic Disorder ☐ Substance use Disorder ☐ Dementia with Disruptive Behaviour ☐ Other (specify)	☐ Low Socio-Economic Status ☐ Parent/Child who is at risk ☐ Unemployed or Disability ☐ Unstable Housing ☐ Mobility Issues ☐ Other (specify)	☐ Child with significant Chronic condition >2 Body systems ☐ Progressive condition associated with deteriorating health ☐ Malignancies that Affect life function ☐ Other (specify)	**Past 12 Months** ☐ >5 ED Visits ☐ >5 Walk-in visits ☐ >2 Admissions ☐ LOS>8.1 days in Admissions ☐ Other (specify) **Priority Population** ☐ LGBTQIA2S+ ☐ Self identifies as Indigenous ☐ Pregnancy or trying to conceive

Submitting this form, the referring professional attests they have the patient's permission and have obtained their consent to share information with Primary Care Network and Division of Family Practice using this information for the purpose of attachment to a provider.

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